

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**097600769**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1/2					52						
3		2/1					53						
4		10					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11		10					61						
12		10					62						
13	1						63						
14	1						64						
15		1					65						
16		1/2					66						
17	1						67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
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29							79						
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32							82						
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34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	17						TOTAL CLAIMS						